



Visa Debit Card/ATM Card Dispute Form

Use this form only for Signature Based and PIN (ATM/POS) transactions made with your Visa Debit card or ATM card.

Name (First, Middle, Last)		JR/SR
Address		City / State / ZIP
Work Phone	Home Phone	
Member #	Card #	

Transaction Information: Provide any documentation to support your claim. For example, copies of sales receipt, credit refund slip, return postal receipt, contract, unused flight coupons, cancellation policy, restocking fee policy, proof of payment by other means, etc.		
Transaction Date	Merchant Name/Location	Transaction Amount
List additional items on a separate sheet.		

Answer the following questions that apply to your dispute:	
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Was the transaction Unauthorized ? If yes, your card will be closed and a new card issued.
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Your card described above was: <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Not Received <input type="checkbox"/> Card # used – card(s) still in possession <input type="checkbox"/> Never applied for
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Did you give anyone permission to use your card or to make purchases, other than those listed on your account? If yes, list all names. _____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Was the transaction paid for using another method of payment such as cash or check? Are you expecting a credit? Include copy of proof.
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Was the amount you authorized and signed for different than what was deducted from your account; were you overcharged? Include copy of your sales slip.
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Were you charged more than once for the same transaction, double charged? When? Original charge?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you not received the merchandise or services from a company? If yes, have you contacted the merchant, cancelled your account, and/or requested a refund? Be specific.
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Did you cancel a reservation with a merchant? If yes, did you receive a cancellation number? List number: _____
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you cancelled a recurring transaction with a merchant (e.g. gym Membership or Internet Service Provider)? If yes, when should the charges have stopped occurring on your account? When cancelled?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you received merchandise different from what you ordered? Attach a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Did you receive only part of the cash requested at an ATM machine? Attach copy of receipt/statement.

Share any other relevant information below:

Member Signature:	Date:	
Credit Union Use only:	Teller ID:	Date: